



DOCKET NO.: S1022.80778US00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Anthony Debling
Serial No.: 09/982,094
Filed: October 18, 2001
For: ON-CHIP EMULATOR COMMUNICATION

Examiner: William D. Thomson
Art Unit: 2123

Confirmation No.: 6785

MAIL STOP RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir/Madam:

Prior to examination, please amend this application as follows:

A complete **Listing of the Claims** in this application begins on page 2 of this paper.

Remarks begin on page 5 of this paper.

03/22/2005 09:00:00 00000000 222123 09962094

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

09/982094

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	10	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	10 minus 20=	* 0
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY
TYPE ☐ OR

OTHER THAN
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	0
X42=		OR	X84=	84
+140=		OR	+280=	0
TOTAL		OR	TOTAL	824

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

1/10/05

	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total	* 15	Minus	** 20	=	
Independent	* 6	Minus	*** 4	=	2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

SMALL ENTITY OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	400
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	400

	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total	*	Minus	**	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total	*	Minus	**	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.